

AUTISM SPECTRUM DISORDER RELATED SERVICES FOR EPSDT ELIGIBLE INDIVIDUALS

I. GENERAL POLICY

Autism Spectrum Disorder (ASD) Related Services are not covered benefits for Traditional Medicaid beneficiaries.

ASD related services are only available under the Early Periodic Screening, Diagnosis, and Treatment program.

The Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program is a program that offers comprehensive and preventive health care services for individuals under age 21 who are enrolled in Traditional Medicaid (also known in Utah as the Child Health Evaluation and Care (CHEC) program).

ASD related services may include therapies such as physical therapy, occupational or speech therapy.

ASD related services may also include services that are rooted in principles of applied behavior analysis (ABA). ABA is a well-developed discipline based on a mature body of scientific knowledge and established standards for evidence-based practice. ABA focuses on the analysis, design, implementation and evaluation of social and other environmental modifications to produce meaningful changes in behavior. ABA is a behavioral health treatment that is intended to develop, maintain, or restore, to the maximum extent attainable, the functioning of a child with ASD. ABA-based therapies are based on reliable empirical evidence and are not experimental or investigational.

A. DEFINITIONS

- 1. Autism Spectrum Disorder (ASD):** Autism spectrum disorder is characterized by: Persistent deficits in social communication and social interaction across multiple contexts; restricted, repetitive patterns of behavior, interests, or activities; Symptoms must be present in the early developmental period (typically recognized in the first two years of life); and, symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.
- 2. Behavior Analyst Certification Board (BACB):** The BACB is a nonprofit 501(c)(3) corporation established to meet professional credentialing requirements for behavior analysts.
- 3. Board Certified Assistant Behavior Analyst (BCaBA):** Bachelor's prepared individuals who meet the professional credentialing requirements of the Behavior Analyst Certification Board.
- 4. Board Certified Behavior Analyst (BCBA):** Master's prepared individuals who meet the professional credentialing requirements of the Behavior Analyst Certification Board. (Hereafter referred to as Behavior Analyst).
- 5. Board Certified Behavior Analyst –Doctorate (BCBA-D):** Doctoral prepared individuals who meet the professional credentialing requirements of the Behavior Analyst Certification Board. (Hereafter referred to as Behavior Analyst).

6. **Registered Behavior Technician (RBT):** Individual at least 18 years of age, who has received specific formal training prior to delivering treatment protocol and who meets the Registered Behavior Technician credentialing requirements established by the Behavior Analyst Certification Board.
7. **Wasatch Front** – Davis, Salt Lake, Utah and Weber Counties

II. MEMBER ELIGIBILITY

ABA services are only available under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

A Medicaid member is required to present the Medicaid Identification Card before each service, and every provider must verify each member's eligibility each time services are rendered. For more information regarding verifying eligibility, refer to provider manual, *Section I: General Information, Verifying Medicaid Eligibility* or to the Eligibility Lookup Tool located at <https://medicaid.utah.gov/eligibility>.

A. ESTABLISHING MEDICAL NECESSITY

In order to receive ABA services, EPSDT eligible individuals must have a valid ASD diagnosis rendered by a physician or psychologist. Ideally the diagnostic evaluation process will include an interdisciplinary team approach that includes interviews with parents as well as significant observation and interaction with the child. At a minimum, the clinician must use one of the following diagnostic evaluation instruments: Autism Diagnostic Interview-Revised (ADI-R), Autism Diagnostic Observation Schedule (ADOS), Autism Diagnostic Observation Schedule, Second Edition (ADOS-2), or the Prelinguistic Autism Diagnostic Observation Schedule (PL-ADOS). A copy of the medical records that include the ASD diagnosis, evaluation tool, and results must be submitted with the service authorization request.

B. BENEFICIARIES ENROLLED IN A MANAGED CARE PLAN (MCP) OR PREPAID MENTAL HEALTH PLAN (PMHP)

For beneficiaries enrolled in a MCP, ASD related medical services including but not limited to physical, occupational and speech therapies will be referred to the MCP.

For beneficiaries enrolled in a PMHP, all requests for services related to co-occurring, mental health conditions will be referred to the PMHP.

The ASD related diagnostic evaluations are “carve-out” services that are covered under the Medicaid fee-for-service benefit. These services are not available through a MCP or PMHP.

The ASD related ABA services are “carve-out” services that are covered under the Medicaid fee-for-service benefit. These services are not available through a MCP or PMHP.

III. PROVIDER PARTICIPATION REQUIREMENTS

A. PROVIDER ENROLLMENT

Medicaid payment is made only to providers who are actively enrolled in the Utah Medicaid Program. Refer to provider manual, *Section I: General Information of the Utah Medicaid Provider Manual* for provider enrollment information.

B. PROVIDER CREDENTIALS

1. General:

For purposes of authorizing ASD related services, an ASD diagnosis must be rendered by a physician or psychologist.

ABA services must be rendered by a Behavior Analyst, or under the direction of a Behavior Analyst.

Only a Behavior Analyst can design and supervise an ABA services treatment program.

2. BCBA-D and BCBA:

- Be licensed as a Behavior Analyst under Utah Division of Occupational and Professional Licensing;
- Provide proof of certification by the Behavior Analyst Certification Board and have no sanctions or disciplinary actions on their BCBA-D or BCBA certification and/or state licensure;
- Be covered by professional liability insurance to limits of \$1,000,000 per occurrence, \$1,000,000 aggregate; and
- Have a completed criminal background check to include federal criminal, state criminal and sex offender reports;
- Criminal background checks must be current, within a year prior to the Medicaid provider enrollment application; and
- Criminal background checks must be performed at least every five years thereafter.

The Behavior Analyst is responsible for retaining compliance records for the items listed above.

3. BCaBA

BCaBAs can deliver services only under the direction of a Behavior Analyst and must meet the following requirements:

- Licensure as a Behavior Analyst Assistant under Utah Division of Occupational and Professional Licensing;
- Certification by the Behavior Analyst Certification Board and have no sanctions or disciplinary actions on their BCaBA certification and/or state licensure; and
- Completion of a criminal background check to include federal criminal, state criminal and sex offender reports;
- Criminal background checks must be current, within a year prior to the Medicaid provider enrollment application; and
- Criminal background checks must be performed at least every five years thereafter.

The supervising Behavior Analyst is responsible for retaining compliance records for the items listed above.

4. Registered Behavior Technicians (RBT)

Registered Behavior Technicians may deliver services under the supervision of a Behavior Analyst and must meet the following requirements:

- Be at least 18 years of age;
- Possess a minimum of a high school diploma or equivalent;
- Successfully complete a criminal background check at the time of application and at least every five years thereafter;
- Complete a 40-hour training program (conducted by a BACB certificant) based on the Registered Behavior Technician Task List; and
- Pass the Registered Behavior Technical Competency Assessment administered by a BACB certificant.

The supervising Behavior Analyst is responsible for retaining compliance records for the items listed above.

IV. PROGRAM COVERAGE

A. GENERAL

1. ASD Related Physical, Occupational and Speech Therapy

ASD related services are only available under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

For fee-for-service Medicaid beneficiaries, all ASD related requests for therapy services will be submitted to the CHEC Committee for review and determination of medical necessity.

For Medicaid beneficiaries enrolled in a MCP, all ASD related requests for therapy services must be submitted to the MCP for determination of medical necessity.

2. ASD Diagnostic Services

In order to receive ABA services, EPSDT eligible individuals must have a valid ASD diagnosis rendered by a physician or psychologist.

ASD Diagnostic testing will be reimbursed on a fee-for-service basis.

With some exceptions, procedure codes with accompanying criteria and limitations have been removed from the provider manual and are now found on the Medicaid website Coverage and Reimbursement Lookup Tool at: <https://medicaid.utah.gov>

Examples of CPT codes used for diagnostic testing:

- CPT Code 90791, Psychiatric diagnostic interview, without medical services
- CPT Code 90792, Psychiatric diagnostic interview (for prescribers/medical services)

- CPT Code 96101, Psychological testing (includes psychodiagnostic assessment of emotionally, intellectual abilities, personality and psychopathology, eg, MMPI, Rorshach, WAIS), per hour of psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
- CPT Code 96110, Developmental testing; limited with interpretation and report;
- CPT Code 96111, Developmental testing: extended (includes assessment of motor, language, social, adaptive, and/or cognitive function by standardized developmental instruments) with interpretation and report; and
- CPT Code 96116, Neurobehavioral status examination (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual and spatial abilities), per hour of the psychologist's or physician's time, both face-to-face with patient and time interpreting test results and preparing the report

The CPT codes listed above are only examples. It is the responsibility of the clinician to utilize the appropriate billing code for services rendered.

3. Access to ABA Services – Also See Section IV(G) for prior authorization requirements.

The following steps are required for accessing ABA services:

Family must:

- Obtain an ASD diagnosis from a physician or psychologist using assessment tools as described in, *Section 4, Member Eligibility, Determining Eligibility*
- Obtain a written prescription for ABA services from the physician or psychologist
- Obtain a copy of the evaluation tool used to render the diagnosis
- Select an ABA provider
 - Review the list of Medicaid enrolled ABA providers at <http://health.utah.gov/ltc/asd> (provider list not yet available) or may contact Medicaid at 1-800-662-9651 to request an enrolled provider list to be mailed or faxed
 - Contact chosen ABA provider and confirm they are willing/able to accept the member onto the their caseload.

ABA Provider must:

Submit prior authorization request for initial client assessment. See *Section IV(G) Prior Authorization for ABA Services*

4. ABA Procedure Codes

The CPT Codes listed below are new Type III codes and are billable only by Behavior Analysts.

Code	Service	Provider	Face-to-Face Time	Who Attends	Maximum Allowed
0359T	Behavior Identification Assessment	BCBA-D or BCBA	Untimed	Child and Parents/Caregivers	1 per Every 180 Days <i>Requests > 1 per every 180 days will require CHEC Committee Review and Authorization</i>
0364T 0365T	Adaptive Behavior Treatment by Protocol	BCaBA or Technician	First 30 minutes: 0364T Each (+) 30: 0365T	Child (Parents/Caregivers may be present)	20 Hours per Week <i>Requests > 20 hours per week will require CHEC Committee Review and Authorization</i>
0366T 0367T	Group Adaptive Behavior Treatment by Protocol	BCaBA or Technician	First 30 minutes: 0366T Each (+) 30: 0367T	Child and Group of Peers (Maximum of 8 Children)	2 Hours per Week <i>Requests > 2 hours per week will require CHEC Committee Review and Authorization</i>
0368T 0369T With "GT" Modifier For Services Provided via Remote Access	Adaptive Behavior Treatment with Protocol Modification In addition to periodic protocol modification, this code will be used for reimbursement of: <ul style="list-style-type: none"> BCBA-D or BCBA's supervisory time of BCaBA or Technician BCBA-D or BCBA's participation in the child's IEP Meeting. 	BCBA-D or BCBA	First 30: 0368T Each (+) 30: 0369T Supervisory time may be provided via Remote Access in counties outside the Wasatch Front*	Child and Technician/ Parents or Caregivers	60 Hours per Every 180 Days <i>Requests > 60 hours per every 180 days will require CHEC Committee Review and Authorization</i>
0370T 0371T	Family Adaptive Behavior Treatment Guidance	BCBA-D or BCBA	Untimed 0370T: Single Child 0371T: Multiple Children	Parents/Caregivers (Child/Children Not Present) (Training for a Maximum of 8 Children)	3 Episodes per Every 180 Days <i>Requests > 3 episodes per every 180 days will require CHEC Committee Review and Authorization</i>

Code	Service	Provider	Face-to-Face Time	Who Attends	Maximum Allowed
0372T	Adaptive Behavior Treatment Social Skills Group	BCBA-D or BCBA	Untimed	Child and Group of Peers (Maximum of 8 Children)	2 hours per Week <i>Requests > 2 hours per week will require CHEC Committee Review and Authorization</i>

*** Supervisory Services Provided via Remote Access.** The Behavior Analyst may provide supervision to the BCaBA or Technician via remote access technology. Providing supervision via remote access technology involves using HIPAA compliant technological methods of providing auditory and visual connection between the Behavior Analyst and the BCaBA or Technician who is providing services in a beneficiary's home when the residence is outside of the Wasatch Front. Assuring HIPAA compliance of the remote access technology is the Behavior Analyst's responsibility.

B. SERVICE DELIVERY SPECIFICATIONS

1. Initial ABA Assessment

The ABA assessment must be conducted by a Behavioral Analyst and must include the following:

- Date of Assessment
- Name and Signature of Behavior Analyst conducting the assessment
- Name of standardized assessment used
- Use of objective assessment instruments that includes an assessment of problem behaviors: (Example include but are not limited to the Verbal Behavioral Milestone Assessment and Placement Program (VB-MAPP) or Assessment of Basic Language and Learning Skills, Revised (ABLLS-R))
- Measurement and recording of behavior and baseline performance
- Data from parent/caregiver interview
- Development of a ABA treatment plan that includes;
 - Description of target-behaviors
 - Measurable treatment goals
 - Method and frequency of assessing objective and measurable treatment protocols
 - Identification of aggressive or inappropriate behaviors and specific goals intended to decrease the behavior and teach the child appropriate replacement behavior
- Clinical certification that ABA is a medically necessary and appropriate treatment to address the treatment goals of the child.
- Clinical recommendation of the amount of weekly services, delineated by service code, to include:
 - A description of the setting(s) in which services will be provided
 - The estimated number of hours of services by setting

- Outside the Wasatch Front, if any supervision will be provided via remote access technology, the number of monthly hours provided via this technology must be indicated

2. ABA Reassessments and Treatment Plan Updates

The ABA reassessments and treatment plan updates must be conducted by a Behavior Analyst. ABA reassessments must occur every six months. Treatment plan updates must occur at a minimum of every six months or more frequently if medically necessary.

Reassessments and Treatment Plan Updates must include:

- Date of Reassessment or Treatment Plan Update
- Name and Signature of the Behavior Analyst conducting the assessment
- Name of standardized assessment used
- Evaluation of progress toward each behavior treatment goal using an objective assessment instruments that includes an assessment of problem behaviors; Data should be represented in numerical or graphical form and progress must be measured using the same method (graphical or numerical) throughout the child's episode of care;
- A description of treatment plan revisions that include:
 - Description of target-behaviors, including aggressive or inappropriate behaviors
 - Measurable treatment goals
 - Method and frequency of assessing objective and measurable treatment protocols
- Clinical certification that ABA continues to be a medically necessary and appropriate treatment to address the treatment goals of the child
- Clinical recommendation of the amount of weekly services, delineated by service code, to include:
 - A description of the setting(s) in which services will be provided
 - The estimated number of hours of services by setting
 - Outside the Wasatch Front, if any supervision will be provided via remote access technology, the number of monthly hours provided via this technology must be indicated
- Projected duration of ABA treatment; and
- A discharge plan, if treatment is expected to conclude within six months of the date of reassessment.

3. ABA Treatment by BCaBA or Registered Behavior Technician

All ABA treatment must be delivered under a treatment plan developed by and under the supervision of the Behavior Analyst. All ABA procedure code are billable only by the Behavior Analyst.

Most ABA treatment programs involve a tiered service delivery model in which the Behavior Analyst designs and supervises a treatment program delivered by BCaBA or Technician.

In a tiered service delivery model, the BCaBA or Technician is responsible for delivering the behavior treatment according to the protocol developed by the Behavior Analyst.

This service may be delivered on a one-on-one basis or may be delivered in small groups of eight children or less.

4. Behavior Analyst Supervision Requirements of BCaBa or Registered Behavior Technician

For cases that utilize a tiered service delivery model the following supervisory activities are required:

- The Behavior Analyst is responsible for all aspects of clinical direction, supervision, and case management, including activities of the support staff (for example, a BCaBA) and Technicians
- The Behavior Analyst must have knowledge of each member of the treatment team's ability to effectively carry out clinical activities before assigning them
- The Behavior Analyst must be familiar with the client's needs and treatment plan and regularly observe the Technician implementing the plan, regardless of whether or not there is clinical support provided by a BCaBA. The observation must assure the quality of implementation¹

The Behavior Analyst is required to provide (direct and indirect) supervision of each child's case that amounts to 10% of the time the child is receiving direct services from a Technician. For example: If the Technician works with a child 10 hours per week, then the Behavior Analyst is required to spend 1 hour supervising the child's case. The Behavior Analyst must provide direct supervision that involves observing the Technician with the child an average of 50% or more of the monthly supervision required on a case. Indirect supervision should comprise the remainder of the supervision.

The Behavior Analyst may provide supervision to the BCaBA or Technician via remote access technology. Providing supervision via remote access technology involves using HIPAA compliant technological methods of providing auditory and visual connection between the Behavior Analyst and the BCaBA or Technician who is providing services in a beneficiary's home when the residence is outside of the Wasatch Front. The Behavior Analyst is responsible for assuring the HIPAA compliance of the remote access technology. When billing for supervisory services delivered via remote access technology, the Behavior Analyst must include the "GT" modifier on the claim.

5. Restrictive Interventions

Although many persons with severe behavioral problems can be effectively treated without the use of any restrictive interventions, restrictive interventions may be necessary on some rare occasions with meticulous clinical oversight and controls.² Use of restrictive interventions must be clearly described in the member's treatment plan and must adhere to restrictive intervention policy as described in administrative rule. (Detailed policy will be described in administrative rule that has not yet been written.)

¹ *Applied Behavior Analysis Treatment of Autism Spectrum Disorder: Practice Guidelines for Healthcare Funders and Managers, Second Edition*

² Cited from *The Association for Behavior Analysis International Position Statement on Restraint and Seclusion*

6. Multiple Provider Coordination

Members can access multiple providers concurrently, particularly for the purpose of receiving services in multiple settings. For example, one provider specializes in center-based services and one provider specializes in in-home services.

In all cases, providers may not subcontract with another ABA provider and may not bill on another provider's behalf.

C. SERVICE DELIVERY SETTINGS

To promote generalization and maintenance of therapeutic benefits, ABA services may be delivered in multiple settings. ABA Services may be delivered in multiple settings on the same day.

1. School-Based Settings

ASD related services identified on the child's individualized family service plan (IFSP) or an individualized education plan (IEP), as required under the federal Individuals with Disabilities Education Act (IDEA) may be provided in school-based settings.

ASD related services that are listed on an individualized family service plan (IFSP) or an individualized education program (IEP) must be provided through the Medicaid School-Based Skills Development Services benefit. Please refer to the School-Based Skills Development Services Provider Manual for information on this benefit:

<https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/School-Based%20Skills%20Development/School-BasedSkillsDev10-14.pdf>

With exception of the Behavior Analysts participation in the child's annual IEP development meeting, the Medicaid agency shall not reimburse fee-for-service ABA services in school-based settings that are in addition to services listed on an IFSP or IEP. If the Behavior Analyst, in coordination with the child's family and school professionals, believe it is medically necessary for the Behavior Analyst to participate in the child's IEP development meeting, the provider may bill for this specific service on a fee-for-service basis.

2. Home, Community, Clinic or Center-based Settings

ABA services can be delivered in a variety of relevant naturally occurring settings in the home and community including targeted settings. Services can also be delivered in clinic or center-based settings.

D. NON-COVERED SERVICES AND LIMITATIONS

1. Non-Covered Services

The following services do not meet medical necessity criteria and are non-covered services:

- ABA services rendered when measurable functional improvement is not expected or progress has plateaued;
- Services that are investigational, this includes treatments for which the efficacy has not been firmly established by significant empirical study;
- Services that are primarily educational in nature;

- Services that are vocationally or recreationally-based;
- Custodial care services; for purposes of these provisions, custodial care is defined as:
 - Care that is provided primarily to assist in the activities of daily living, such as bathing, dressing, eating, and maintaining personal hygiene and safety;
- Services that are provided primarily for maintaining the member's or anyone else's safety;
- Services that are intended to provide supervision of the member
- Respite care services; for purposes of these provision, respite care is defined as:
 - Care that is provided primarily to give relief to, or during the absence of, the normal care giver;
- Services, supplies, or procedures performed in a non-conventional setting including, but not limited to:
 - Resorts;
 - Spas;
 - Therapeutic programs; and
 - Camps
- Time spent by the BCaBA or Technician charting or collecting data that is occurring separate from the time spent documenting direct observations that occur when the provider is working directly with the child.
- Provider's time traveling to get to client's home or other community setting; and
- Transportation of the child.

2. Limitations

Service limitations are listed in the "Maximum Allowable" column in the Table in Section IV(A)(4) *ABA Procedure Codes*. If a request exceeds the maximum allowable, the provider will be required to provide additional documentation to support the need for additional services and the case will be taken to secondary medical review or to the CHEC committee for review.

E. BILLING

Refer to the provider manual, *Section I: General Information*, for detailed billing instructions.

Requirements for billing third parties are described in *Section I: General Information, 11-4 Billing Third Parties*. The one exception to the *Section I: General Information, 11-4 Billing Third Parties* policy is that the provider will be required to submit evidence of third party denial at the beginning of every six-month authorization period rather than with each claim submission.

F. REIMBURSEMENT RATES

The following proposed rates represent maximum allowable rates. Reimbursement may be up to the amount shown here unless a lower amount is billed.

Code	Description	Modifier	Rate	Rate Type
0359T	Behavior identification assessment		\$ 160.00	Encounter
0364T / 0365T	Adaptive behavior treatment by protocol		\$ 15.00	30 mins
0366T / 0367T	Group adaptive behavior treatment by protocol (Group of 2)	UN	\$ 11.25	30 mins
0366T / 0367T	Group adaptive behavior treatment by protocol (Group of 3)	UP	\$ 9.56	30 mins
0366T / 0367T	Group adaptive behavior treatment by protocol (Group of 4)	UQ	\$ 8.13	30 mins
0366T / 0367T	Group adaptive behavior treatment by protocol (Group of 5)	UR	\$ 6.91	30 mins
0366T / 0367T	Group adaptive behavior treatment by protocol (Group of 6+)	US	\$ 5.18	30 mins
0368T / 0369T	Adaptive behavior treatment with protocol modification		\$ 40.00	30 mins
0370T	Family adaptive behavior treatment guidance		\$ 40.00	Encounter
0371T	Multiple-family adaptive behavior treatment guidance (Group of 2)	UN	\$ 30.00	Encounter
0371T	Multiple-family adaptive behavior treatment guidance (Group of 3)	UP	\$ 25.50	Encounter
0371T	Multiple-family adaptive behavior treatment guidance (Group of 4)	UQ	\$ 21.68	Encounter
0371T	Multiple-family adaptive behavior treatment guidance (Group of 5)	UR	\$ 18.42	Encounter
0371T	Multiple-family adaptive behavior treatment guidance (Group of 6+)	US	\$ 13.82	Encounter
0372T	Adaptive behavior treatment social skills group (Group of 2)	UN	\$ 60.00	Encounter
0372T	Adaptive behavior treatment social skills group (Group of 3)	UP	\$ 51.00	Encounter
0372T	Adaptive behavior treatment social skills group (Group of 4)	UQ	\$ 43.35	Encounter
0372T	Adaptive behavior treatment social skills group (Group of 5)	UR	\$ 36.85	Encounter
0372T	Adaptive behavior treatment social skills group (Group of 6+)	US	\$ 27.64	Encounter

G. PRIOR AUTHORIZATION FOR ABA SERVICES

Prior authorization is required for ABA services. Failure to obtain prior authorization will result in denial of Medicaid payment.

General prior authorization (PA) information is provided in the provider manual, *Section I: General Information*. Code specific coverage and prior authorization requirements are provided on the Medicaid website, Coverage and Reimbursement Lookup Tool at: <https://medicaid.utah.gov>.

1. Initial Prior Authorization Request

Initial ABA prior authorization requests must be submitted to the Medicaid agency and must include the following:

- Completed ABA Services Prior Authorization Request Form
 - Submission should only include a request for one unit of CPT Code 0359T, Behavior Identification Assessment
- ASD Diagnosis from a Physician or Psychologist
 - Including a copy of clinical evaluation tool used to render the diagnosis

- Written prescription for ABA Services
- Submit evidence of third party denial at the beginning of every six-month authorization period rather than with each claim submission.

2. PA Request after Initial Behavior Identification Assessment

- Completed ABA Services Prior Authorization Request Form (
- Copy of Treatment Plan that includes
 - Date
 - Name and Signature of Behavior Analyst conducting the assessment
 - Name of standardized assessment used
 - Description of target-behaviors
 - Measurable treatment goals
 - Method and frequency of assessing objective and measurable treatment protocols
 - Identification of aggressive or inappropriate behaviors and specific goals intended to decrease the behavior and teach the child appropriate replacement behavior
- Clinical certification that ABA is medically necessary and appropriate treatment to address the treatment goals of the child.
- Clinical recommendation of the amount of weekly services, delineated by service code, to include:
 - A description of the setting(s) in which services will be provided
 - The estimated number of hours of services by setting
 - Outside the Wasatch Front, if any supervision will be provided via remote access technology, the number of monthly hours provided via this technology must be indicated

3. PA Requests for Revision to Treatment Plan or 6 Month Recertification

- Completed ABA Services Prior Authorization Request Form
- Copy of Treatment Plan that includes
 - Date
 - Name and Signature of Behavior Analyst conducting the assessment
 - Name of standardized assessment used
 - Evaluation of progress toward each behavior treatment goal using an objective assessment instruments that includes an assessment of problem behaviors; Data should be represented in numerical or graphical form and progress must be measured using the same method (graphical or numerical) throughout the child's episode of care;
 - If there is inadequate process toward meeting target goals to address symptoms and behaviors, or
 - there is no demonstrable progress in a six month period, or
 - specific goals have not been achieved within the estimated timeframes

The Behavior Analyst must perform an assessment of the reasons for lack of progress and treatment interventions should be modified in an attempt to achieve adequate progress. (Requests in which insufficient progress is identified will be submitted for Secondary Medical or CHEC Committee Review prior to approval).

- Description of target-behaviors, including aggressive or inappropriate behaviors
- Measurable treatment goals
- Method and frequency of assessing objective and measurable treatment protocols
- Clinical certification that ABA continues to be a medically necessary and appropriate treatment to address the treatment goals of the child
- Clinical recommendation of the amount of weekly services, delineated by service code, to include:
 - A description of the setting(s) in which services will be provided
 - The estimated number of hours of services by setting
 - Outside the Wasatch Front, if any supervision will be provided via remote access technology, the number of monthly hours provided via this technology must be indicated
- Submit evidence of third party denial at the beginning of every six-month authorization period rather than with each claim submission
- Projected duration of ABA treatment; and
- A discharge plan, if treatment is expected to conclude within six months of the date of

4. Initial Prior Authorization Request for Medicaid Autism Waiver Participants

Because participants currently enrolled in the Medicaid Autism Waiver have previously established diagnostic and program eligibility, the provider will not be required to submit the diagnosis and ABA services prescription. The following information must be included in PA request for these individuals.

- Completed ABA Services Prior Authorization Request Form
- Copy of Treatment Plan that includes
 - Date
 - Name and Signature of Behavior Analyst conducting the assessment
 - Name of standardized assessment tool used
 - Description of target-behaviors
 - Measurable treatment goals
 - Method and frequency of assessing objective and measurable treatment protocols
 - Identification of aggressive or inappropriate behaviors and specific goals intended to decrease the behavior and teach the child appropriate replacement behavior
 - Clinical certification that ABA is medically necessary and appropriate treatment to address the treatment goals of the child.
 - Clinical recommendation of the number of weekly hours by service code to include:
 - A description of the setting(s) in which services will be provided
 - The estimated number of hours of services by setting – ADD to this.
 - Outside the Wasatch Front, if any supervision will be provided via remote access technology, the number of monthly hours provided via this technology must be indicated
- Submit evidence of third party denial at the beginning of every six-month authorization period rather than with each claim submission